

Rhode Island Department of Labor and Training

FOREIGN LABOR CERTIFICATION UNIT

1511 Pontiac Avenue

Cranston, RI 02920-4407

PHONE: (401) 462-8813 FAX: (401) 462-8798

Application Type:
☐ H-1B Professional
☐ Permanent

REQUEST FOR PREVAILING WAGE STATEMENT

Name of Person Requesting Wage:		Date:	
Address:			
PHONE NO:		FAX NO:	
Name and Address of Company Employing Foreign Worker:		Type of Business:	
Job Title:		Total Hours Per Week:	Rate of Pay:
Full Description of the Job to Be Performed:			
Title of Foreign Worker's Immediate Supervisor:		Number of Employees Foreign Worker Will Supervise:	
College Degree Required: ____YES ____NO If yes, specify type and major field of study:	Experience Required: ____YES ____NO If yes, state number of years/months:	Training Required: ____YES ____NO If yes, state type & years/months:	
License/Certification Required: ____YES ____NO If yes state type		Other Special Skills, Knowledge or Requirements:	
PREVAILING WAGE DETERMINATION – for Department Use Only			
SOC Code	SOC Title		Skill Level
Prevailing Wage:		Survey Source:	
This rate is valid: _____through the end of the calendar year in which issued. _____for 90 days from the determination date.			
Prevailing Wage Specialist:		Determination Date:	